

Calendar No. 633

110TH CONGRESS }
2d Session }

SENATE

{ REPORT
110-282

UNITED STATES COMMITMENT TO GLOBAL CHILD
SURVIVAL ACT

APRIL 9, 2008.—Ordered to be printed

Mr. BIDEN, from the Committee on Foreign Relations,
submitted the following

REPORT

[To accompany S. 1418]

The Committee on Foreign Relations, having had under consideration the bill (S. 1418), to provide assistance to improve the health of newborns, children, and mothers in developing countries, and for other purposes, reports favorably thereon with an amendment in the nature of a substitute, and recommends that the bill, as amended, do pass.

CONTENTS

	Page
I. Purpose	1
II. Committee Action	1
III. Discussion	2
IV. Cost Estimate	2
V. Evaluation of Regulatory Impact	4
VI. Changes in Existing Law	4

I. PURPOSE

The purpose of S. 1418 is to reduce the mortality rate of children and mothers in the developing world through the development and implementation of an integrated child and maternal health strategy; the creation of an interagency child and maternal health task force to achieve health goals; and the authorization of increased funding for child and maternal health interventions.

II. COMMITTEE ACTION

S. 1418 was introduced by Senators Dodd, Smith, Leahy, and Brown on May 15, 2007. An additional 19 members cosponsored the legislation. On February 13, 2008, the committee ordered the bill, with an amendment in the nature of a substitute, reported favorably by voice vote.

III. DISCUSSION

Every year, nearly 10.5 million children under age 5 die from highly preventable and treatable causes, while more than 500,000 mothers die from causes related to pregnancy and childbirth. Nearly 40 percent of under-5 childhood deaths occur during the first 4 weeks of life. To combat this public health crisis, in 2000 the United States joined the international community in committing to achieve Millennium Development Goals (MGDs) 4 and 5, which aim to reduce the mortality rate of children under the age of 5 by two-thirds and the maternal mortality rate by three-fourths in the developing world, respectively.

S. 1418 seeks to support these goals and to improve child and maternal health in the developing world by increasing funding for and delivery of proven low-cost, life saving health interventions. The bill requires the President to develop a holistic strategy which will include an identification of not less than 60 countries with priority needs in maternal and child health, a detailed analysis of those needs, and prescriptions for interventions designed to improve health outcomes in each country. The President will transmit to Congress a report on this strategy 180 days after the enactment of this bill.

In implementing this strategy, the President is authorized to provide assistance for a wide range of activities including immunization interventions; vitamin and micronutrient supplementation; oral rehydration therapy; essential newborn care; improved sanitation and drinking water; childhood illness treatment; promotion of breast-feeding; training of clinicians, nurses, technicians, and other persons integral to health care delivery; and support health information management systems in host countries.

This legislation creates an interagency task force to assess, monitor, and evaluate the progress and contributions of relevant U.S. departments and agencies in achieving child and maternal health goals. The task force will consult outside experts in child and maternal health, including members of academic institutions, non-governmental organizations, and international organizations such as the World Bank. The task force is required to transmit to the President an annual report, for 4 years, on the implementation of this new strategy.

S. 1418 authorizes the appropriation of up to \$600 million for fiscal year 2008, up to \$900 million for fiscal year 2009, up to \$1.2 billion for fiscal year 2010, and up to \$1.6 billion for fiscal years 2011 and 2012 to support activities to expand child and maternal health interventions.

IV. COST ESTIMATE

Pursuant to Rule XXVI, paragraph 11(a) of the Standing Rules of the Senate, the following cost estimate has been provided by the Congressional Budget Office.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, April 3, 2008.

Hon. JOSEPH R. BIDEN, Jr.,
Chairman, Committee on Foreign Relations,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 1418, the United States Commitment to Global Child Survival Act of 2007.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Michelle S. Patterson.

Sincerely,

ROBERT A. SUNSHINE
(For Peter R. Orszag, Director).

Enclosure.

S. 1418—United States Commitment to Global Child Survival Act of 2007

Summary: S. 1418 would require the President to develop a comprehensive strategy to improve the health of newborns, children, and mothers in developing countries and to furnish assistance to accomplish those goals. For those purposes, the bill would authorize the appropriation of \$5.9 billion over a 5-year period. CBO estimates that implementing S. 1418 would cost about \$30 million in 2008 and \$4.9 billion over the 2008–2013 period, assuming appropriation of the authorized amounts. Enacting the bill would not affect direct spending or receipts.

S. 1418 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

Estimated cost to the Federal Government: The estimated budgetary impact of S. 1418 is shown in the following table. The costs of this legislation fall within budget function 150 (international affairs).

	By fiscal year, in millions of dollars—					
	2008	2009	2010	2011	2012	2013
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	600	900	1,200	1,600	1,600	0
Estimated Outlays	30	510	787	1,081	1,367	1,171

Basis of estimate: S. 1418 would require the United States Agency for International Development (USAID) to expand several existing programs focused on improving the health of newborns, children, and mothers in developing countries. The bill would double to 60 the number of countries in which USAID operates those programs and require an interagency task force to assess the effectiveness of the aid and activities.

For those purposes, S. 1418 would authorize the appropriation of up to \$600 million in 2008, \$900 million in 2009, \$1.2 billion in 2010, and \$1.6 billion for each of years 2011 and 2012. To date, the Congress has provided USAID with \$450 million to fund its current children's and mothers' health programs in fiscal year 2008.

For the estimate CBO assumes that S. 1418 will be enacted by early summer, that the maximum authorized amounts are appropriated each year, and that outlays will follow historical patterns for existing programs. (Funding for 2008 would have to be provided in a supplemental appropriation act; most of any such 2008 supplemental would be spent in later years.)

Based on information from USAID, CBO estimates that the amount authorized to be appropriated is sufficient to fund the expanded requirements and that implementing S. 1418 would cost about \$4.9 billion over the 2008–2013 period. Most of the remaining amount from the authorized funding would be spent by 2018.

Intergovernmental and private-sector impact: S. 1418 contains no intergovernmental or private-sector mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments.

Estimate prepared by: Federal Costs: Michelle S. Patterson; Impact on State, Local, and Tribal Governments: Neil Hood; Impact on the Private Sector: Jacob Kuipers.

Estimate approved by: Peter H. Fontaine, Assistant Director for Budget Analysis.

V. EVALUATION OF REGULATORY IMPACT

Pursuant to Rule XXVI, paragraph 11(b) of the Standing Rules of the Senate, the committee has determined that there is no regulatory impact as a result of this legislation.

VI. CHANGES IN EXISTING LAW

Pursuant to Rule XXVI, paragraph 12 of the Standing Rules of the Senate, changes in existing law made by the bill, as reported, are shown as follows (existing proposed to be omitted is enclosed in black brackets, new matter is printed in *italic*, existing law in which no change is proposed is shown in roman).

The Foreign Assistance Act of 1961

**Public Law 87-195 [S. 1983], 75 Stat. 424, approved
September 4, 1961, as amended**

* * * * *

PART I

* * * * *

Sec. 104. Population and Health.—(a) * * *

* * * * *

(c) ASSISTANCE FOR HEALTH AND DISEASE PREVENTION.—(1) In order to contribute to improvements in the health of the greatest number of poor people in developing countries, the President is authorized to furnish assistance, on such terms and conditions as he may determine, for health programs. Assistance under this subsection shall be used primarily for basic integrated health services, safe water and sanitation, disease prevention and control, and related health planning and research. The assistance shall emphasize self-sustaining community-based health programs by means such as training of health auxiliary and other appropriate personnel, support for the establishment and evaluation of projects that can

be replicated on a broader scale, measures to improve management of health programs, and other services and suppliers to support health and disease prevention programs.

[(2)(A) In carrying out the purposes of this subsection, the President shall promote, encourage, and undertake activities designed to deal directly with the special health needs of children and mothers. Such activities should utilize simple, available technologies which can significantly reduce childhood mortality, such as improved and expanded immunization programs, oral rehydration to combat diarrhoeal diseases, and education programs aimed at improving nutrition and sanitation and at promoting child spacing. In carrying out this paragraph, guidance shall be sought from knowledgeable health professionals from outside the agency primarily responsible for administering this part. In addition to government-to-government programs, activities pursuant to this paragraph should include support for appropriate activities of the types described in this paragraph which are carried out by international organizations (which may include international organizations receiving funds under chapter 3 of this part) and by private and voluntary organizations, and should include encouragement to other donors to support such types of activities.]

[(B) In addition to amounts otherwise available for such purpose, there are authorized to be appropriated to the President \$25,000,000 for fiscal year 1986 and \$75,000,000 for fiscal year 1987 for use in carrying out this paragraph. Amounts appropriated under this subparagraph are authorized to remain available until expended.]

[(C) Appropriations pursuant to subparagraph (B) may be referred to as the "Child Survival Fund."]

[(3) The Congress recognizes that the promotion of primary health care is a major objective of the foreign assistance program. The Congress further recognizes that simple, relatively low-cost means already exist to reduce incidence of communicable diseases among children, mothers, and infants. The promotion of vaccines for immunization, and salts for oral rehydration, therefore, is an essential feature of the health assistance program. To this end, the Congress expects the agency primarily responsible for administering this part to set as a goal the protection of not less than 80 percent of all children, in those countries in which such agency has established development programs, from immunizable diseases by January 1, 1991. Of the aggregate amounts made available for fiscal year 1987 to carry out paragraph (2) of this subsection (relating to the Child Survival Fund) and to carry out subsection (c) (relating to development assistance for health), \$50,000,000 shall be used to carry out this paragraph.]

[(4)] (2) RELATIONSHIP TO OTHER LAWS.—Assistance made available under this subsection and sections 104A, 104B, [and 104C] 104C, and 104D, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection and the provisions cited in this paragraph, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries, except for the provisions of this subsection, the provisions of law cited in this paragraph, subsection (f), section 634A of this Act, and provisions of law that limit assistance to organizations that support or participate in a program of coercive abortion

or involuntary sterilization included under the Child Survival and Health Programs Fund heading in the Consolidated Appropriations Resolution, 2003 (Public Law 108-7).

* * * * *

SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.

* * * * *

(c) AUTHORIZATION.—

(1) IN GENERAL.—Consistent with section 104(c) *and section 104D*, the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for HIV/AIDS, including to prevent, treat, and monitor HIV/AIDS, and carry out related activities, in countries in sub-Saharan Africa, the Caribbean, and other countries and areas.

* * * * *

(f) FUNDING LIMITATION.—Of the funds made available to carry out this section in any fiscal year, not more than 7 percent may be used for the administrative expenses of the United States Agency for International Development in support of activities described in [section 104(c), this section, section 104B, and section 104C] *section 104(c), this section, section 104B, section 104C, and section 104D*. Such amount shall be in addition to other amounts otherwise available for such purposes.

* * * * *

SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.

* * * * *

(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c) *and section 104D*, the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of tuberculosis.

* * * * *

SEC. 104C. ASSISTANCE TO COMBAT MALARIA.

* * * * *

(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c) *and section 104D*, the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of malaria

* * * * *

(c) FUNDING LEVEL.—For fiscal year 1987, not less than \$2,500,000 of the funds available to carry out this part (excluding funds made available to carry out [section 104(c)(2), relating to the Child Survival Fund] *section 104D*) shall be allocated for assistance pursuant to subsection (b) for activities which were not funded prior to fiscal year 1987. In addition, the Agency for International Development shall, to the fullest extent possible, continue and increase assistance pursuant to subsection (b) for activities for which assistance was provided in fiscal years prior to fiscal year 1987.

SEC. 104D. ASSISTANCE TO REDUCE MORTALITY AND IMPROVE THE HEALTH OF NEWBORNS, CHILDREN, AND MOTHERS.

(a) *AUTHORIZATION.*—Consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, to reduce mortality and improve the health of newborns, children, and mothers in developing countries.

(b) *ACTIVITIES SUPPORTED.*—Assistance provided under subsection (a) shall, to the maximum extent practicable, include

- (1) activities to improve newborn care and treatment;
- (2) activities to treat childhood illness, including increasing access to appropriate treatment for diarrhea, pneumonia, and other life-threatening childhood illnesses;
- (3) activities to improve child and maternal nutrition, including the delivery of iron, zinc, vita-min A, iodine, and other key micronutrients and the promotion of breast feeding;
- (4) activities to strengthen the delivery of immunization services, including efforts to eliminate polio;
- (5) activities to improve birth preparedness and maternity services;
- (6) activities to improve the recognition and treatment of obstetric complications and disabilities;
- (7) activities to improve household-level behavior related to safe water, hygiene, exposure to indoor smoke, and environmental toxins such as lead;
- (8) activities to improve capacity for health governance, health finance, and the health work-force, including support for training clinicians, nurses, technicians, sanitation and public health workers, community-based health workers, midwives, birth attendants, peer educators, volunteers, and private sector enterprises;
- (9) activities to address antimicrobial resistance in child and maternal health;
- (10) activities to establish and support the management information systems of host country institutions and the development and use of tools and models to collect, analyze, and disseminate information related to newborn, child, and maternal health;
- (11) activities to develop and conduct needs assessments, baseline studies, targeted evaluations, or other information-gathering efforts for the design, monitoring, and evaluation of newborn, child, and maternal health efforts; and
- (12) activities to integrate and coordinate assistance provided under this section with existing health programs for—
 - (A) the prevention of the transmission of HIV from mother-to-child and other HIV/AIDS counseling, care, and treatment activities;
 - (B) malaria;
 - (C) tuberculosis; and
 - (D) child spacing.

(c) *GUIDELINES.*—To the maximum extent practicable, programs, projects, and activities carried out using assistance provided under this section shall be—

- (1) carried out through private and voluntary organizations, including faith-based organizations, and relevant international and multilateral organizations, including the GAVI Alliance

and UNICEF, that demonstrate effectiveness and commitment to improving the health of newborns, children, and mothers;

(2) carried out with input by host countries, including civil society and local communities, as well as other donors and multilateral organizations;

(3) carried out with input by beneficiaries and other directly affected populations, especially women and marginalized communities; and

(4) designed to build the capacity of host country governments and civil society organizations.

(d) ANNUAL REPORT.—Not later than January 31, 2009, and annually thereafter for 4 years, the President shall transmit to Congress a report on the implementation of this section for the prior fiscal year. The report shall include the most recent report submitted to the President by the Interagency Task Force on Child Survival and Maternal Health in Developing Countries under section 5(f) of the United States Commitment to Global Child Survival Act of 2007.

(e) DEFINITIONS.—In this section:

(1) AIDS.—The term “AIDS” has the meaning given the term in section 104A(g) (1) of this Act.

(2) HIV.—The term “HIV” has the meaning given the term in section 104A(g) (2) of this Act.

(3) HIV/AIDS.—The term “HIV/AIDS” has the meaning given the term in section 104A(g) (3) of this Act.